

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carrondolet
City BOCH, Mo. (No. Robert Koch Hospital)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 4445
Registered No. 46
St. _____ Ward _____

2. FULL NAME

Richard Buckley

(a) Residence, No. 6003 Horton St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Buckley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1903

7. AGE YEARS 33 MONTHS 8 DAYS 4 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) July 3, 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Thomas Buckley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Augusta Gately

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmery Camp DATE Feb 4 1937

19. UNDERTAKER (ADDRESS) Ed W. Clark
1125 Hodgmont Ave.

20. FILED Feb 1 1937 St. Mary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Jan 30 1937
I last saw him alive on 1-30 1937 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset Jan 28

Other contributory causes of importance Intestinal tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. J. Steiner M. D.
(Address) Robert Koch Hosp. Koch, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

